2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # N0500000265 1. Entity Name SELF-IMPROVEMENT RESOURCE, INC.							006 901	79 027 ***	*61.25	
Principal Plac 12604 S.W. HOMESTEAD	263RD. TERRACE	Mailing Address POST OFFICE BOX 3434 FLORIDA CITY, FL 3303			3004	32548				
					1 [[] [] [] []					
2. Principal Place of Business		Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State			32-01	3681	16	<u> </u>	plied For	
Zip	Country	Zip	Country		5. Certificate of	•	•	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	ddress of New	Registered			
WILKINS, DALE H JR.,			Name							
450 KEY 0	DEER BLVD.		Street Address			is Not Acceptat	ole)			
BIG PINE	KEY, FL 33043-/MO									
4	•		City				F	Zip Cod	e	
	named entity submits this statement for	r the purpose of changing its r	egistered office o	or register	ed agent, or both,	in the State of I			and accept	
the obligat	ions of registered agent.	•								
SIGNATURE .										
	-Signature, typed or printed name of registered agent 4	and title of applicable. (NOTE:	Registered Agent sign:	ature required	when reinstating)		DATE			
	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	ature required	\$5.00 May Be		Make che	ck payable to		
		9. Election Cam Trust Fund Co	paign Financing			Fle	Make che orida Depa	ck payable to artment of Si	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	IGES TO OFFIC	Make che orida Depa	ck payable to artment of Si	tate	
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12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Officer or director of trustee and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date Officer or director of trustee and that my name appears in Block 10 or Block 11 if changed in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date Officer or director of trustee and that my name appears in Block 10 or Block 11 if changed in Block

305.242-1950